

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006955

STATE FILE NUMBER

AMENDED

Registration District No. 160 Primary Registration District No. 559 Registrar's No. 24

FILED MAR 14 1962

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>JEFF.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RURAL JOACHIM</u>		c. CITY OR TOWN <u>FESTUS</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MT. VIEW N. H.</u>		d. STREET ADDRESS <u>BOX 95</u> (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last <u>FRANK JAMES CALDWELL</u>		4. DATE OF DEATH Month Day Year <u>MARCH 5, 1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-17-88</u>
10a. USUAL OCCUPATION (Give kind of work done) <u>RETIRED TRUCK DRIVER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TRUCKING CO.</u>	
11. BIRTHPLACE (City and state or country) <u>SIKESTON, MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WM. CALDWELL</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH TAYLOR</u>	
14. NAME OF HUSBAND OR WIFE <u>LENA</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <input type="checkbox"/> or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service)	
16. INFORMATION <u>WADE CALDWELL FESTUS, MO.</u>		17. ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiovascular disease</u> DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH: but not related to the terminal disease condition given in PART I (a) <u>Pulmonary infection, non specific</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>May 1955</u> to <u>Feb. 28, 1962</u> and last saw her alive on <u>Feb. 28, 1962</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Bertalan Bolgar, MD</u>		22b. ADDRESS <u>Festus, Mo</u>	
22c. DATE SIGNED <u>3/6/1962</u>		23a. NAME OF CEMETERY OR CREMATORY <u>GAMEL</u>	
23b. DATE <u>3-7-62</u>		23c. LOCATION (City, town, or county) <u>FESTUS, MO.</u>	
24. FUNERAL DIRECTOR <u>GENTRY R. POLITTE</u>		25. DATE RECD. BY LOCAL REG. <u>3-6-62</u>	
26. REGISTRAR'S SIGNATURE <u>Bertalan Bolgar</u>		27. ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

JUL 26 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Gentry R. Politte

Licensed Embalmer No. 3481

P. O. Address Crystal City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.